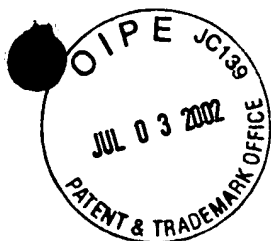


Inventors: Waters  
Serial No. 09/921829



**PATENT APPLICATION**  
Navy Case No. 82,960

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Scribner

Serial No. 10/061,413

Filed: February 4, 2002

For: MICROELECTRONIC STIMULATOR ARRAY

**SUBSTITUTE FORMAL DRAWINGS  
IN RESPONSE TO FORMALITIES LETTER**

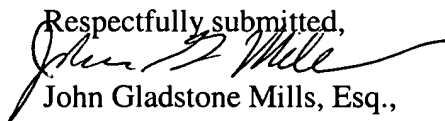
Commissioner of Patents and Trademarks  
Washington, DC 20231

Sir:

Pursuant to the NOTICE TO FILE CORRECTED APPLICATION PAPERS,  
the applicant hereby files substitute formal drawings in compliance with 37 CFR 1.84.

All previous drawings are cancelled in view of this new submission.

Please charge any additional fees due or credit overpayment of fees to Deposit Account  
Number 50-0281.

Respectfully submitted,  
  
John Gladstone Mills, Esq.,  
Reg. No. 49,054  
202-404-1553  
June 30, 2002

20061413-070302

PN



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0300 \$

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2002</h2> <p style="font-size: small; margin-top: 10px;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/061,413</td></tr> <tr><td>Filing Date</td><td>February 4, 2002</td></tr> <tr><td>First Named Inventor</td><td>Scribner</td></tr> <tr><td>Examiner Name</td><td>unknown</td></tr> <tr><td>Group Art Unit</td><td>unknown</td></tr> <tr><td>Attorney Docket No.</td><td>NC 83,682</td></tr> </table>		Application Number	10/061,413	Filing Date	February 4, 2002	First Named Inventor	Scribner	Examiner Name	unknown	Group Art Unit	unknown	Attorney Docket No.	NC 83,682
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to</p> <p>Deposit Account Number: 50-0281</p> <p>Deposit Account Name: _____</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status, See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John J. Karasek	Registration No. (Attorney/Agent)	36,182
Signature	<i>John J. Karasek</i>	Telephone	202-404-1552
	49054	Date	6/8/02

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